



## CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

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Date: November 13, 2007 Name: John C. Freeman, Reg. No. 34,483 Signature: *JCF*

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Gary Como et al.

Appln. No.: 09/710,154

Filed: November 9, 2000

For: Method And System For Business  
Planning Via A Communications  
Network

Attorney Docket No: 10022/18

Examiner: Akiba K. Robinson Boyce

Group Art Unit: 3628

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

Sir:

## Attached is/are:

- ☒ Transmittal Cover Letter (1p. Filed in Dup.); Submission of Change of Correspondence Address (1p.);  
☒ Return Receipt Postcard

## Fee calculation:

- ☒ No additional fee is required.  
☐ Small Entity.  
☐ An extension fee in an amount of \$\_\_\_\_\_ for a \_\_\_\_\_-month extension of time under 37 C.F.R. § 1.136(a).  
☐ A petition or processing fee in an amount of \$\_\_\_\_\_ under 37 C.F.R. § 1.17(\_\_\_\_).  
☐ An additional filing fee has been calculated as shown below:

					Small Entity			Not a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=			x \$50=	
Indep.		Minus			x 100=			x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=			+ \$360=	
					Total	\$		Total	\$

## Fee payment:

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.  
☐ Please charge Deposit Account No. 23-1925 in the amount of \$\_\_\_\_\_. A copy of this Transmittal is enclosed for this purpose.  
☐ Payment by credit card in the amount of \$\_\_\_\_\_ (Form PTO-2038 is attached).  
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

*JCF*  
John C. Freeman (Reg. No. 34,483)

November 13, 2007  
Date

**CHANGE OF CORRESPONDENCE  
ADDRESS**

Address to:  
Commissioner For Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Application Number	09/710,154
Filing Date	11/9/2000
First Named Inventor	Gary Como et al.
Art Unit	3628
Examiner Name	Akiba K Robinson Boyce
Attorney Docket Number	10022/18

Please change the Correspondence Address for the above-identified patent application to:

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I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 34,483.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_.

Signature: John C. Freeman

Typed or Printed Name: John C. Freeman

Date: November 13, 2007

Telephone No.: 312-321-4262

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_ forms are submitted.

This collection of information is required by 37CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.